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APR 24 2006

FACSIMILE COVER SHEET

TO: Examiner Dionne Pendleton
U. S. Patent & Trademark Office
Group Art Unit 2646

FROM: Frank L. Cire, Reg. No. 42,419

RE: U.S. Application No. 09/977,701
Atty. Docket No.: 03500.015877

FAX NO.: (571) 273-8300

DATE: April 24, 2006

NO. OF PAGES: 14
(including cover page)

TIME: 5:45 pm

SENT BY: Dawn M.

MESSAGE

Attachment:

1. Transmittal for Amendment; and
2. Amendment.

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April 24, 2006

Date

Signature

Frank L. Cire (Reg. No. 42,419)

Name of person signing certificate

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In re Application of:

APR 24 2006 Docket No. 03500.015877

NOBUHIRO IKEDA

Application No.: 09/977,701

Examiner: Dionne Pendleton

Filed: October 16, 2001

Group Art Unit: 2646

For: CENTRAL MANAGEMENT SYSTEM FOR
PERIPHERAL APPARATUS

Date: April 24, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 4	MINUS	*** 5	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicant
Registration No.: 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
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Form #120

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APR 24 2006

03500.015877.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Dionne Pendleton
NOBUHIRO IKEDA)	
	:	Group Art Unit: 2646
Application No.: 09/977,701)	
	:	
Filed: October 16, 2001)	
	:	
For: CENTRAL MANAGEMENT)	
SYSTEM FOR PERIPHERAL	:	
APPARATUS)	April 24, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

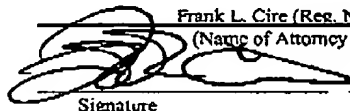
Sir:

In response to the Office Action dated January 24, 2006, please amend the
above-identified application as follows.

I hereby certify that this correspondence is being transmitted via facsimile
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450, (571) 273-8300, on

April 24, 2006
(Date of Deposit)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)


Signature

April 24, 2006
Date of Signature